# **Demographic Reporting Form**

# **Individual – Quarterly Totals**

**Positive Alternatives** 

Dates: Jan-March 2017 Grantee Name: Pregnancy Options Lifecare Center

# 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	1	3	1	3	1	0

# 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post- partum	Pregnancy Status Unknown	Other (Father or Grandparent)
1	2	3	3		

#### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
5	4	

#### 4. Client Race:

Race: White	Race: African American	Race: African- African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
3	0	4	0	0	2	0

# 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown	
3	6		

### 6. Client Type:

Mother	Father	Grandparent	Other
9	0	0	